

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060057	(X2) MULTIPLE CONSTRUCTION: A BUILDING B. YENG	(X3) DATE SURVEY COMPLETED: 08/12/2015
NAME OF PROVIDER OR SUPPLIER: Kaweah Delta Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 400 W Mineral King Ave, Visalia, CA 93291-6237 TULARE COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LIC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit.</p> <p>Complaint Intake Number: CA00423333 - Substantiated</p> <p>Representing the Department of Public Health; Surveyor ID # 32948</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>Health and Safety Code Section 1280.15(e). A clinic, health facility, home health agency, or hospice licensed pursuant to Section 1204, 1250, 1725, or 1745 shall prevent unlawful or unauthorized access to, and use or disclosure of, patients' medical information, as defined in subdivision (g) of Section 56.05 of the Civil Code and consistent with Section 130203. The department, after investigation, may assess an administrative penalty for a violation of this section of up to twenty-five thousand dollars (\$25,000) per patient whose medical information was unlawfully or without authorization accessed, used, or disclosed, and up to seventeen thousand five hundred dollars (\$17,500) per subsequent occurrence of unlawful or unauthorized access, use, or disclosure of that patient's medical information.</p> <p>Health and Safety Code 1280.15(i)(1)(3)</p> <p>(i) For purposes of this section, the following</p>	060057	<p>The statements made on this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein.</p> <p>The Plan of Correction constitutes Kaweah Delta Health Care District's written credible allegation of compliance for the deficiencies noted.</p> <p>PLAN OF CORRECTION: A notification letter was sent to the patient affected by the breach.</p> <p>The staff member who committed the breach was placed on administrative leave.</p> <p>The staff member who committed the breach was terminated from employment at Kaweah Delta.</p> <p>Kaweah Delta continues to educate staff regarding the importance of safeguarding protected health information. Education mechanisms include, but are not limited to:</p> <ul style="list-style-type: none"> -New Hire Orientation -Department specific education -Annual Compliance and Privacy Exam -Environmental rounds -Employee newsletter -All Staff E-mails 	12/08/2014

Event ID:NBUU11

1/11/2016

12:21:32PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Compliance Privacy Other 1-15-16

By signing this document, I am acknowledging receipt of the entire citation packet. (X2)(X3)(X4)(X5)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patient(s). Except for nursing homes, the findings above are disseminable 30 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disseminable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continue program participation.

200 PL accepted 1/15/16

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER 060067	(X) MULTIPLE CONSTRUCTION A. BUILDING B. WH3	(X) DATE SURVEY COMPLETED 08/12/2016
NAME OF PROVIDER OR SUPPLIER Kaweah Delta Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W Mineral King Ave, Visalia, CA 93291-6237 TULARE COUNTY		
(X) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSR IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X) COMPLETE DATE
	<p>definitions shall apply:</p> <p>(1) "Reported event" means all breaches included in any single report that is made pursuant to subdivision (b), regardless of the number of breach events contained in the report.</p> <p>(2) "Unauthorized" means the inappropriate access, review, or viewing of patient medical information without a direct need for medical diagnosis, treatment, or other lawful use as permitted by the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code) or any other statute or regulation governing the lawful access, use, or disclosure of medical information.</p> <p>Based on interview and record review, the hospital failed to prevent unauthorized access, disclosure, or use of one patient's (Y) electronic medical record (EMR). This failure resulted in an intentional breach of Patient Y's medical information by health care provider(s) not involved in Patient Y's medical care.</p> <p>Findings:</p> <p>During a review of the faxed Self-Reported Breach dated 12/11/14, the Compliance and Privacy Officer (CPO) received a notification from Nurse Manager (NM) 1 regarding a privacy breach and confidentiality concerns raised by Patient Y. Patient Y stated to the NM she had concerns that the Registered Nurse (RN 1) might have accessed her medical information. Patient Y stated that during her stay at the hospital she saw RN 1</p>		<p>MONITORING: Mental Health Department education was provided related to HIPAA Privacy, accessing information on a need to know basis, fines and penalties, and loss of access and termination.</p> <p>MONITORING: Compliance Dept. performs regular audits of user access. Using the privacy monitoring tool Fairwarning, a daily report is generated and user access reviewed by the Compliance Department to identify potential breaches.</p> <p>The Compliance Department reports the results of the monitoring activities bi-monthly and quarterly to the Compliance Committee and Board of Directors, respectively.</p> <p>RESPONSIBLE PARTY: The Compliance and Privacy Officer is responsible for implementation of the Plan of Correction.</p>	

Event ID:NBBU11

1/11/2016

12:21:32PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

(X1) STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CIA IDENTIFICATION NUMBER 060087	(X2) MULTIPLE CONSTRUCTION A BUILDING B WING	(X3) DATA SURVEY COMPLETED 06/12/2018
NAME OF PROVIDER OR SUPPLIER Keweenaw Delta Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W Mineral King Ave, Visalia, CA 93281-8237 TULARE COUNTY		
(X4) ID PREFIX TAB	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO PREFIX TAB	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>working at the hospital. She was concerned that RN 1 might have accessed her medical record. Patient Y requested an audit of her medical record. An audit report of Patient Y's electronic medical record (EMR) was completed on 12/9/14, and it was identified that RN 1 had accessed Patient Y's medical record on 12/7/14 at 12:07 PM. The audit showed RN 1 accessed Patient Y's electronic medical records within an hour of the patient's discharge and viewed Patient Y's allergy, chief complaint, plan of care, rounds reports and flow sheets. On 12/11/14, Patient Y was informed of the breach.</p> <p>During an interview with NM 1, on 5/11/14, at 11:10 AM, he stated he had a conversation with Patient Y who specifically named RN 1. Patient Y stated Patient Y knew RN 1 from their prior employment. NM 1 was informed by the hospital's information system later that the audit had been conducted on Patient Y's medical record and it confirmed RN 1 had accessed Patient Y's EMR. At 1:33 PM, during an interview, NM 1 was asked if RN 1 was authorized to access Patient Y's medical records, he replied, "No, she wasn't the nurse in charge of (Patient's name) and (RN 1) had no reason to be in there (the patient's electronic records)." NM 1 further stated when he discussed the breach with RN 1, RN 1 denied any wrong doing.</p> <p>On 5/11/14, at 1:28 PM, during an interview with the hospital's Application Supervisor (AS) of Information System, she stated the hospital's computer system was able to trace to the specific terminal RN 1 used to access Patient Y's</p>			06 JAN 15 PM 2:11 REGULATORY INFORMATION PRESERVE/ADVISOR OFFICE
Event ID:NB6U11		1/11/2018	12:21:33PM	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 060067	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/13/2016
NAME OF PROVIDER OR SUPPLIER Kaweah Delta Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W Mineral King Ave, Visalia, CA 93291-6237 TULARE COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>Information: The computer system indicated RN 1 logged into the terminal with her password.</p> <p>The hospital policy and procedure titled, "Patient Privacy Use and Disclosure of Patient Information," dated 3/31/14, read in part, "...B. KDHCD shall limit the PHI (Protected Health Information) used and/or disclosed on a routine basis to minimum amount necessary. 1. Use of PHI shall be limited to only information needed for an employee or volunteer to do their job."</p> <p>Both Patient Y and RN 1 were unavailable for interview.</p>			<p>5/13/2016 PH 2011</p> <p>DR. JAMES P. HARRIS MANAGING EDITOR KAWEAH DELTA DIST. OFFICE</p>
Event ID:NBBU11		1/11/2016	12:21:32PM	